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## ORIGINAL DEPARTMENT.

## Communications.

ON THE MICROSCOPIC MEANS OF DIS-  
TINGUISHING THE STAINS OF UNDI-  
LUTED FROM THOSE OF DILUTED BLOOD.

By JOS. G. RICHARDSON, M. D.,

Of Philadelphia.

Many of your readers are doubtless aware that during the recent trial of George S. Twitchell for the murder of his mother-in-law, an effort was made, on the part of the defendant's counsel, to explain the occurrence of certain spots of blood by evidence to the effect that they might have been caused by splashing of bloody water upon the clothing of the accused while he was occupied in bathing the head of the corpse. In this instance, the testimony of the skilful expert who first examined the stains was so direct and complete that no further proof on this point was required, but as cases may at any time occur when diagnosis between undiluted and diluted blood constitutes a link in the chain of evidence, the following method of distinction seems worthy of attention.

Although denied by some physiologists, few microscopists of the present day, accustomed to the examination of human blood, are ignorant that upon its white corpuscles water has a powerful and almost immediate action, causing them to swell up to twice or three times their usual size, and finally, in many cases, to burst, discharging a portion of their contents. These phenomena are mentioned by VIRCHOW in his *Cellular Pathology*, p. 181, and their minute investigation forms the basis of an article of my own, about to appear in the forthcoming volume of the Pennsylvania Hospital Reports for the current year, the observations connected with which led me to the following method of determining the point at issue.

It is obvious that by employing a weak syrup, or, preferably, a mixture of glycerine and water, having the same specific gravity as the serum

(1028), we may wash out the constituents of the blood from any fabrics upon which a stain has been made, without danger of distending or rupturing, by endosmosis, the white corpuscles; and it occurred to me that there was little doubt that careful observation, with a high power in a fluid thus obtained, would secure the detection of unchanged white corpuscles, did they exist. In order to test the truth of this surmise, after numerous preliminary experiments, I macerated in such a solution as above referred to, threads from a piece of muslin (upon which I had splashed some drops of blood from my finger the day before,) until the fluid acquired a red color; a portion of this liquid was then placed on a slide, covered with thin glass, and examined under a 1-25 inch objective. Numerous white blood corpuscles were readily detected, having their characteristic granular appearance, and occasionally exhibiting that sharply defined tuberculated surface, found with about equal infrequency among the white cells of recently drawn blood. On cautiously adding water at the edge of the thin glass, the corpuscles were seen to swell up (although less promptly or fully than in fresh blood) and nuclei, varying from one to three in number, were brought into view. In subsequent experiments, these corpuscles were rendered so distinct as to be quite unmistakable, by the action of acetic acid, and by coloring their nuclei with aniline solution.

Of course, in solving this problem, negative evidence, as in all other cases, can have but little value in comparison with positive, and the failure to detect unaltered white blood corpuscles must not be regarded as proof that a particular stain was the product of mingled blood and water; but, on the contrary, the discovery in the fluid from a blood stain (treated as above directed) of numerous rounded and oval corpuscles about 1-3000 of an inch in diameter, granular to a greater or less degree, and which swell up, exhibiting one, two, or three nuclei, on the free exhibition of water, would, in my opinion, justify the microscopist in affirming that the spot had been caused by undiluted or but slightly diluted blood; and so slender is at times the clue which

a mysterious Providence seems *always* to provide for the detection of the murderer and assassin, that even this fact, so insignificant in itself, may occasionally become of vital importance in securing justice for some innocent person wrongfully accused, or in vindicating the majesty of the law upon the guilty criminal.

#### USEFUL MODIFICATION OF THE UTERINE DRESSING FORCEP.

By J. G. ALLEN, M. D.,

Of Philadelphia.

[We have obtained from Dr. ALLEN the following description of his new and useful modification of these forceps.—EDS.]

This little modification of the well known uterine dressing forceps, illustrated by Fig. 1, suggested itself to me five or six years ago, as a means of avoiding the difficulties and annoyances so often recurring in making applications to the mucous membrane lining the *cavity* of the uterus.

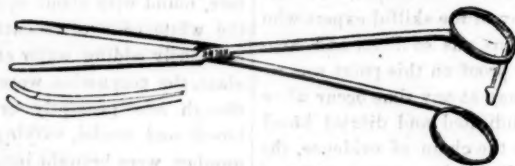
The instrument is made rather longer, and in every respect lighter and more delicate than the common uterine forceps designed for use through the speculum. The clamp end is slightly curved

Where the design of the surgeon extends no further than to cauterize the os and cavity of the neck of the uterus, or where the internal os is exceedingly open and patulous, the ordinary straight forceps are often all that is requisite—even a good quill as caustic holder might perhaps do till the parts began to regain something of their natural tone.

But even where the uterus is found in this sluggish, open and patulous condition, it very frequently happens that the stimulus of the caustic within the uterus causes a very evident contraction of the organ—quite sufficient to snap off a brittle stick of nitrate of silver—so that when the instrument is withdrawn, the surgeon (if inexperienced) is frightened about the portion left behind.

It is evident that with the provocation of a contraction sufficient to break a stick of nitrate, the internal os is likely to be quite tightly closed. Then ensues a "uterine colic," which is an actual labor on the part of the uterus—an effort to expel its irritating contents. Large portions of nitrate of silver, thus left in the uterus, (except for the colicky pain it occasions,) will do no actual injury to the organ, as it quickly becomes quite completely enveloped by portions of the

FIG. 1.



—to an extent rather less than the average curvature of the womb-sound, and is excavated, so as to hold small fragments of whatever agent it may be desired to carry into the uterus.

When the instrument is closed, it completely encases and conceals its contents; even liquid substances, such as tinct. iodine or carbolic acid, may be thus used. The point of the instrument is carefully rounded, and made rather blunt. Thus made, it will pass into the uterus as readily as a womb-sound.

It is evident that the instrument thus modified, will still perform quite as well as ever, all the functions of the common straight uterine forceps. There is no difficulty in grasping with it an ordinary stick of caustic, or seizing fragments of cloth or sponge for cleansing the os. It has now been for several years exclusively used by several of my professional friends in Philadelphia.

decomposed nitrate, in combination with tough mucus excretions from the uterus, so that its caustic effects are never excessive *there*; but after some time it is sure to be expelled or slip into the vagina, where very ugly and annoying excretions may ensue.

I have often resorted to a very neat little artifice to extract a portion of nitrate thus accidentally left in the cavity of the uterus. All that is necessary to accomplish this, is to introduce the clamp end of the uterine forceps, (any pattern will do,) just barely within the internal os; force it open in this position, about the one-eighth of an inch, and retain it thus for a few moments. There will always be enough contractile action to force a portion of a stick of nitrate down into the grasp of the instrument, so that upon closing and withdrawing it, the portion sought after will be brought away. So often have I successfully tried this expedient,

that I cannot conceive of there ever arising a necessity for resorting to the trouble and parade of using a galvanic battery to prevent uterine colic, as has been suggested by a German author, whose article appears in the present number of "THE REPORTER."

But this instrument is of still greater utility in that very large class of cases where the mucous surface of the uterine cavity needs a caustic application, as well as the external os and the cavity of the neck, and where yet the internal os is not sufficiently open to permit the passage through it of a stick of solid nitrate, or more frequently perhaps, is stimulated to contract and close tightly as soon as the caustic comes in contact with the external os or the lower portions of the cavity of the neck. In such cases no stimulating application can pass the internal os at all, or at least not without doing it actual violence. In many of these cases the cavity of the neck and the external os are subjected to too much cauterization, and they will frequently absolutely refuse to heal until the cavity of the organ is simultaneously treated.

In such cases a few fragments of the crystallized nitrate may be entirely enclosed in the scooped portion of this modified instrument, and may then be carried past the internal os with as much facility as if the surgeon were but introducing a uterine sound.

The contents are thus easily deposited within the uterine cavity, or the instrument may be retained there a few moments, slightly forced open, and whatever has been carried in, dissolves out.

The extent of the application may be exactly graded by merely regulating the amount placed in the instrument. Uterine colic almost never occurs. The instrument will not hold sufficient material to endanger excoriations of the vagina.

The only instance in which I have ever resorted to the application of galvanism directly to the uterus, was in a case of epilepsy of long standing, and which was evidently in some measure connected with uterine disturbance. The os was exposed by means of an ordinary cylindrical glass speculum, and an ordinary womb sound passed into the uterus. The handle of the sound was attached to one pole of a magneto-electric machine, and the other pole held in the patient's hand. The duration of the application was about two or three minutes. The current was gentle, and the operation repeated about three times a month, being avoided about the catamenial periods. The redness of the granulation about the os uteri would always diminish upon the application of the current. A glass speculum was

mostly used to insure perfect insulation of the sound up to the point of its contact with the uterus, though wrapping the external portions of the sound with fragments of cloth or paper, to prevent direct contact with a metallic speculum, answered equally well.

I am quite sure that the galvanic current was beneficial to this patient, though satisfactory inferences can scarcely be safely drawn from but one such case, and the more especially in this instance, as I used it in conjunction with occasional applications of nitrate of silver, and administered the bromidea. The latter, however, had been a long time tried without anything but partial relief, before resorting to direct treatment of the uterus. This patient was a married lady, near forty years of age, had borne several children, and had begun to manifest powerful evidences of silliness and imbecility, which, under this treatment, have entirely disappeared, and though the patient is not absolutely cured, many months often now elapse without an attack, and they are usually much lighter than formerly.

#### ATOMIZED MEDICATION FOR ASTHMA.

By M. F. BASSETT, M. D.,

Of Quincy, Ill.

The inquiry of J. G. F., of Texas, and your reply thereto in No. 610 REPORTER, induce me to contribute a few observations relative to asthma and its treatment. It is not necessary to discuss the causes, symptoms, remedies, and usual modes of treatment, as they are or should be familiar to your professional readers. Another fact is also well known to those who have had much experience in the treatment of asthmatic patients—idiopathic asthma is never cured and seldom materially alleviated by any of the remedies of our best authorities, and even a "foreign climate," or change of residence, is but a palliative, and in a majority of cases is an impossible measure.

Some experiments which I have recently made in the treatment of this distressing malady, by means of the atomizer and the inhalation of medicated spray, have been so satisfactory to me and my patients, that I feel justified in asking the attention of the profession to this plan of treatment.

The hand atomizer of any manufacture, that throws a continuous and copious jet of spray, answers every purpose, and is more convenient in general practice than the more complicated and cumbersome "nephogene." With these instruments, as is generally known, any liquid or

medicinal substance in solution, can be applied directly to all parts of the air passages or respiratory organs. Various medical agents by this method are appropriate to asthma, but I have gained the best results from a combination of antispasmodics and expectorants. In the four cases which I subjoin, the following formula was employed:

R. Ext. hyosciami, fl.  
 " lobeliae, fl. aa f.ʒi.  
 Aquæ dest. f.ʒj. M.

*Case 1st.* A merchant, æt. 40, has suffered from childhood more or less—the past six years a great deal, seldom being able to lie in bed all night, especially in autumn. Was called to him at night of August 15th, '68. Found him in an unusually severe paroxysm and nearly unconscious from the effects of chloroform inhalation, having used four ounces of this anesthetic during the day and evening, with only slight and transient relief. The spray gave him perceptible relief in ten minutes. Leaving the atomizer with directions to use it for four or five minutes at a time every hour, or oftener if necessary, I returned next day to find my patient breathing easily, looking comfortable and feeling greatly refreshed from eight hours' sleep that he had enjoyed in the morning. The spray was continued at intervals for the next three days and no other medication employed, except a cathartic at my second visit. No more sleep was lost nor distress endured, and when I discontinued the treatment he informed me that the last three days and nights had been passed more comfortably than the same length of time during the last six years. Have not seen the case or had any further report since.

*Case 2d.* A young man of about 25 years of age came into my office August 20th laboring under so severe an attack that he had walked three blocks with the greatest difficulty and could not speak for several moments. His respiration, cyanosed and distressed expression, gave a correct knowledge of his affection, and as soon as he was seated, without waiting for him to tell his story, I commenced to give him the spray. In less time than it requires to write it, he began to inspire easier and in half an hour was breathing and talking with ease. He informed me that he was a stranger, bound west to find a place where he could be exempt from the suffering he had endured on the sea shore from his childhood—that he had been detained here for a week on account of the present attack and that the night previous one of our most experienced medical men had been with him for

several hours making fruitless efforts to relieve him. He came to my office morning and evening for several days and used the spray for an hour at intervals, suffering but little by night or day and then went on his way rejoicing.

*Case 3d.* An old gentleman about 60 years of age, whom I have known as an asthmatic for several years, living on a farm three miles from town, despatched a messenger for me in haste late in the evening of August 24th. I found him in a frightful paroxysm, with all the symptoms of extreme distress and suffering. As speedily as possible the spray was administered, and in half an hour he fell into a quiet and refreshing sleep, for the first time in nearly a week. I left him a chologogue cathartic with directions for him to take it when he should awake, also the atomizer and directions for its use. The next evening found him comfortable with the gratifying report that he had slept and rested quite comfortably, and had had no distressing paroxysm since the previous visit. Prescribed five grains of quinine to be taken every morning, and half a grain of podophyllin every evening, and to continue the spray at intervals for four days and then to report at my office. At the appointed time a neighbor returned the atomizer with the report that the old gentleman was perfectly relieved and at work as usual. I have seen the patient several times since, and he informs me he has been entirely free from asthma ever since, now nearly three months, and that he sleeps comfortably upon a feather bed.

*Case 4th.* A prominent citizen of this place, about 50 years of age, who has suffered more from asthma and obtained less benefit from the usual treatment, for the past eight years that I have been acquainted with him, than any other asthmatic I ever knew, called me Sept. 17th on account of an unusually severe paroxysm. The spray relieved him promptly, and instead of being confined to the house for several days as always heretofore with similar attacks, the next day he was able to go to his office and attend to ordinary business. He used the spray for several days occasionally, and experienced great benefit from it, and says nothing else has ever given him such prompt and decided relief, and thinks it has permanently improved his condition, as he has since been exempt from a severe paroxysm. He formerly lived in one of the Eastern States, where he had suffered so much from this complaint that he came West hoping to find relief from change of climate. The change benefited him for a time but not permanently. Since residing here, in addition to your cor-



respondent, several of our most experienced physicians have exhausted their skill upon him in vain. He smoked arsenic and saltpetre, inhaled chloroform and ether to an alarming extent, taken anodynes and stimulants, had hypodermic injections in great number and varieties, used every nostrum and measure ever conceived of for this malady, and never found even a reliable palliative till the spray was resorted to. I believe that a few months hence this case will afford still stronger evidence of the efficiency of the new plan of treatment.

### YELLOW FEVER IN PERU.

By J. P. BROLASKY, M. D.

Having resided many years in Peru, upon my return, I have been requested to give what small experience I may have had, during the late epidemic of yellow fever which resulted in the loss of many thousands of lives, both in Lima the capital and Callao the principal seaport town.

Since the years 1853, 4 and 6, Peru has been remarkably exempt, (although lying in 12° south lat.) from most of the pestilential fevers and epidemics which one naturally supposes to be indigenous to all cities and towns in the tropics, especially when the utter want of cleanliness, and total disregard of municipal laws relative to the hygiene of the cities be taken in consideration. A great deal no doubt of the healthfulness of the cities above named may be attributed to the absence of rain (although the dews are at seasons very heavy) allowing the offal which is universally thrown into the public thoroughfares, drains, etc., to become in a very few hours so decimated that there is but very little effluvia to arise from it.

In fact during the late epidemic we had less dew and moisture from fogs, etc., than I have experienced for the eight years previous; and the disease certainly was not imported from Panama or Guayaquil, it extended as far south as Iquique, entirely passing over some parts, where there was every reason to suppose that an epidemic would be certain to lay claim to hundreds of victims, and attacking others, that were considered thoroughly healthy, and almost decimating the population.

For a long time some two or three months the Anglo-saxon race seemed to be exempt, the disease attacking the Chilenos, Italians and German residents, but at last, no nationality, habits of life, or business, exempted one from its influence; in some cases the disease marching so rapidly that but a few hours from the first symptoms (at

least such as came under the eye of the practitioner) to its fatal termination would elapse.

Toward the latter portion of April, 1868, the epidemic became more typhoid in its character, and consequently more fatal,—delirium setting in on the third day, suppression of urine, hæmorrhage from mouth and nose, very great discoloration of the skin, engorgement of the conjunctiva, deafness, and on the sixth or seventh day death. It was in this particular typhoid character of the disease that constant watching, nursing, and rather free use of stimulants proved their efficacy and usefulness. The exciting causes of the disease it is impossible to trace, to any of the theories as laid down by the various authors, some attributing it to "stagnant water, thick jungles, even high and arid hills after rain, some to decomposition taking place in the ballast of ships, or a putrid state of bilge water, others to intense solar heat, acting *per se*, or on wet marshy coasts, miasma arising from particles of putrid animal or vegetable matters, others to exhalations from marshes subject to periodic inundation and draining;" in fact many theories, but none that will at all apply to Lima and Callao.

As to the contagious or non-contagious character of yellow fever, I for one have never seen a single instance that for a moment could be supposed to have arisen from contagion, but have seen many cases that could not possibly have escaped the disease, had it been contagious, being subjected to the same food, light, air, clothing, etc., especially in the Bay amongst the shipping, and still escape, one, two or three out of a crew down with the fever, and from twenty to forty perfectly free from disease; the same in private families, one possibly dying or dead, and the other members of the family, young or old Cholos or foreigners escaping.

The premonitory symptoms consisting in most instances of a giddy indescribable sensation and acute pain in the back of the head, sometimes constipation of the bowels, pain in the back, more especially in the lumbar region and in the limbs, are usually felt from twenty-four to forty-eight hours previous to the manifestation of the disease itself, which is indicated by excessive sickness of the stomach, vomiting, pains in the back of the head, back and limbs, almost unbearable, sometimes accompanied by rigor, countenance flushed and swollen, tongue moist slightly coated, tip and edges reddish, pulse small and not too frequent, skin cool to the touch but dry, patient generally complaining of great coldness; these symptoms I have seen last from four to thirty hours, following this stage a burning heat of the

skin, and if it were possible an aggravation of all the other symptoms, with tenderness upon pressure (which is now noticeable for the first time) over the stomach and right hypochondrium. The matter ejected from the stomach shows the deranged powers of digestion, getting gradually less in quantity, and in many instances, almost pure bile is thrown off, a very perceptible diminution of the urine, which in some cases, becomes excessively offensive, the evacuations are sometimes very copious in this stage, but not always so, pulse small, ranging from eighty-five to ninety-five and in some rare cases it has been found full and bounding, increasing in frequency and of great force, intense thirst, which seems almost insatiable.

From the fourth to the fifth day a marked change is observed in the tongue, lips, etc., the former being thickly coated, with a dark blackish crust in the centre, whilst the tip and sides are of a deep red, after coma sets in, but rarely until the sixth day, with hiccup, atony of the bladder, with occasional vomiting of "a dark brown or blackish matter in a glary mucus, which has been very correctly likened to coffee-grounds, to which it bears a striking resemblance." This vomiting of black matter continues until death, it is ejected without difficulty, and frequently in large quantities. On the seventh day the features are contracted, sometimes convulsions, coma and low muttering, with great restlessness and increased hæmorrhage from nose and mouth.

(To be continued.)

## EDITORIAL DEPARTMENT.

### Periscope.

#### Syphilis of the Rectum.

[A letter from one of our correspondents in Paris has the following remarks.—Eds.]

M. DESPRÉS, surgeon at Louraine, has recently made a study of seven cases of phagedenic chancre of the rectum observed in that focus of syphilitic disease. The chancres in this region consist of shallow ulcers, with irregular edges, originating either in a soft chancre or an ulcerated plaque muqueuse at the anus. They are rarely diagnosed at their début, unless the mucous membrane of the anus form condylomata, between which pus is seen to ooze out. This circumstance leads the physician to explore the rectum, although the patients complain of no suffering in that region.

The rectal chancre occupies by preference the

anterior part of the anus, and may be perceived by separating the mucous folds. The index finger, introduced into the rectum, perfectly appreciates the loss of substance. Sometimes, instead of remaining exclusively in the interior, the chancre is prolonged underneath a condyloma of the exterior, or indolent fissures exist between the *plaques muqueuses* around the anus. This linear ulceration gradually gains the rectum, and becomes confounded with the shallow chancre already situated there. Then the patient begins to suffer in the act of defecation, and pus flows more or less constantly from the anus. Later, the ulcerations become less sensitive, their edges grow tumefied and fungous, and their surface is covered with reddish-yellow fungosities or fleshy granulations, round, soft, and indolent. This is the first phase of reparation, reparation which constitutes precisely the danger of the disease. For these granulations presently result in the formation of cicatricial tissue, which inevitably contracts the mucous membrane, and produces stricture of the rectum with all its consequences. While these cicatricial bands are recent, they can be easily torn, and the bowel dilated by bougies or even packets of lint. But if neglected, the stricture progresses fatally. I had an opportunity of examining, in the service of M. GOSSELIN, the rectum of a patient who had died after submitting to an attempt at forced dilatation, and this piece is cited by DESPRÉS as an example of the ultimate stage of phagedenic chancre. In this case the fibrous bands extended twenty-two centimetres in the rectum, which was especially thickened and narrowed at the level of two centimetres above the anus. Five ulcerations remained, and constituted the mouths of as many fistule, which communicated with the perineum.

The new tissue terminated quite abruptly on the border of the healthy membrane which succeeded.

Defecation only begins to be decidedly painful when the stricture has formed. Very little bleeding at any time.

These rectal chancres are generally caused by direct contact of the pus which flows from chancres at the vagina, (M. DESPRÉS' cases, occurring at Louraine, were necessarily all women,) and which trickles down upon the anus. It penetrates by capillarity, in the same way as the pus of vaginitis, which causes an inflammation of the urinary meatus.

The diagnostic can always be made out by practising the rectal touch, which, says DESPRÉS, should never be neglected in treating patients affected with vulvar or vaginal chancres, and es-

pecially if this be complicated by condylomata at the anus.

The ulceration itself often heals without treatment, but in that case the cicatrix is formed with all its tendency to stricture, and it is the prevention and cure of this cicatrix which really claims the attention of the surgeon.

It may be avoided unless the ulceration have invaded the entire circumference of the rectum, but in that case stricture is inevitable. When only a single fibrous band exists, the stricture in time may be cured, but if there be annular stricture the surgeon can do nothing but palliate more or less by means of dilatation.

The treatment of these phagedenic ulcerations consists in cauterization, with a view of transforming the ulceration into a granulating surface analogous to that of a simple wound. M. DESPRÉS prefers passing over the chancre, by means of pincers, meshes of lint imbibed with a solution of chloride of zinc. This solution has the advantage of attacking with great energy surfaces deprived of their epithelium, leaving the others intact. Large bougies of lint, covered with a pomade of lard and glycerine, should be kept constantly in the rectum, and be renewed every twenty-four hours.

When ulcerations and stricture co-exist, and pus flows from the anus, astringent injections should be used, made with eight grammes of rhatany, two to four grammes dry chlorate of zinc, and two hundred and fifty grammes water. On the same day should be administered two oil injections. Dilatation should then be sought by means of india rubber canulæ.

Fistulæ should be cauterized as well as the chancre, since they are equally phagedenic.

An extremely important point to notice is that no specific treatment has any effect upon these rectal chancres, which constitute an exclusively local disease.

M.

#### Pharyngitis and Stomatitis Leucæmia.

[By D. F. MOSLER. Translated from the German, by Dr. M. PFLEUM.]

In the course of fifteen months, the following symptoms appeared in a man æt. 40, who previously had been in good health, viz., tumefaction of the cervical glands of both sides, inflammation of the mucous membrane of the mouth and pharynx, with loosening and bleeding of the gums, tumefaction of the axillary and inguinal glands; and, finally, of the spleen and liver, and an indubitable increase of the white blood corpuscles, (one white blood corpuscle to thirty red ones.) The only cause which could be found for

these phenomena, was excessive mental and corporeal exertion. Of peculiar interest was the state of the pharynx; the mucous membrane was reddened and tumefied, and numerous large medullary tumors, of glossy appearance, were visible on it; both tonsils were swollen; the tonsillary glands were developed to large medullary knots of solid structure. The secretion of the mucous membrane and pharynx, as well as the secretion of the salivary glands, was remarkably increased, especially by speaking. After the mouth had been well cleaned, the secretion of the mouth showed a sour reaction. As the patient never before had suffered from an affection of the mucous membrane of the mouth and pharynx, and as this affection appeared after the swelling of the cervical glands had existed for some time, and increased or decreased with the swelling of these glands, according to their increase or decrease, and as the affection of the mucous membrane improved under the treatment with iron and quinine, which medicines acted beneficially on the whole system; the writer thinks this pharyngitis and stomatitis to be a specific one caused by the leucæmic dyscrasy. The stomatitis, which was very similar to scorbutic stomatitis, is probably the consequence of an irritation, caused by certain as yet unknown chemical products in the blood, and in the secretions in cases of lymphatic leucæmia.

The Microscopic Component parts of Vaccine Lymph, by Dr. F. Keber. Translated from the German, by Dr. M. PFLEUM.

Fresh lymph from normal developed cow-pox, which for the naked eye is of transparent appearance, shows, examined by the microscope, beside the incidental admixture of small particles of duct, debris of epidermis, blood-corpuscles and coagulated fibrin as well pus-corpuscles, which have been detected by former observers, as a number of peculiar grand cells, innumerable free granules, and punctiform molecules, of scarcely measureable size. The granule cells contain occasionally some more solitary, somewhat larger, round granules; the number of granules in the cells amount from three to twenty and to more; sometimes they cohere so intimately, that it appears as if they were in a state of multiplication by self division. These structures are found in the cow-pox as soon as they contain some lymph; after the ninth day the pus-corpuscles become more numerous. By admixture with distilled water the above-described structures do not undergo any change; the granule cells remain on the filter, whilst a number of granules and

molecules pass through. The filtered lymph does not lose its efficacy. The coagula which were sometimes observed in lymph which had been kept for a time, consist principally of the above structures; they are greatly qualified for prolific vaccination. Dried lymph, and also vaccine crusts, softened in distilled water, show the same structures, while no traces of them are visible in so-called wild lymph, which is not meet for the production of genuine cow-pox. Crystals are found in lymph, whether in its drying or in its decomposing state. In the writer's opinion, the granule cells and granules which he observed in his experiments, are the bearers of the contagion. Only such lymph, which contains them, can be applied for the successful production of useful vaccine matter, whereas such lymph which contains already acicular and fascicular crystallizations, has no effect whatever. He believes that the fungoid growths and fungi which are found in diluted lymph, are of no consequence in regard to producing vaccine matter.

The examinations of lymph taken from variola and varioloid, gave the same results as those which are apparent in the lymph from cow-pox; they even were better to be seen in lymph from variola, the granule cells and granules of larger size, and more conspicuous.

The examinations of the blood of small-pox patients, as well as the air of the small-pox wards, did not give any positive result.

#### Miscarriage without Pain.

Dr. R. S. KELSO, of Blooming Grove, Ill., details the following interesting case of painless miscarriage, in the *Chicago Med. Journal*.

Oct. 10th, 1867, was called to Mrs. D., pregnant about five months. While engaged in her ordinary household duties, without the least premonition, there was rupture of the membranes, and discharge of the amniotic fluid.

11th. Ordered tinct. ergot in drachm doses, every hour for six hours, but without effect. In the evening I found the os uteri well dilated, right shoulder presenting, with protrusion of the hand and arm, though she had not felt a single pain, but only a weight, or dragging sensation, when she stood upon her feet.

Not thinking it necessary to turn, as the fetus was small, I introduced a finger on each side of the neck, and brought down the head; then with slight traction, and a bearing down effort on her part, it was easily delivered. There was also another fetus, with breech presenting, which I

delivered in like manner, by bringing down the feet.

After waiting an hour, I administered chloroform, and removed the placenta, which was so firmly adherent that it was impossible to detach it, except by taking it away in pieces.

The lady had a good getting up, and in ten days was able to perform her household duties, not having had a single pain from first to last.

I have since attended her in a miscarriage brought on in the same way, but she had a few pains.

#### Balbuties.

WYNEKEN draws a distinction between stuttering and stammering, and regards the latter as depending on an imperfect, or entirely absent, power of forming one or more simple sounds of speech, while in the former the individual can pronounce single letters correctly and without difficulty, but finds it hard to form syllables. (*Aerztliches Literaturblatt*, No. 7, 1868).

MERKEL has described stammering as *paralysis literalis*, and stuttering as *paralysis syllabaris*. Another difference described by our author is that stuttering is always attended by more or less bashfulness, which increases the trouble, while stammering remains about the same under all circumstances, indeed it is, if anything, even diminished by observation of the stammerer. He classes it with the neurosis, and regards it as depending upon a deficiency of the influence of the will on the innervation of certain muscles concerned in the production of speech. Another operative cause is mental, and it consists principally in the doubt of the individual as to his ability to speak. This state of doubt, WYNEKEN also terms a *will*, which opposes the true *will* and paralyzes it; so that the muscles of respiration and vocalization, know not which to obey; and consequently they do not perform their functions with proper accord, and stuttering results. WYNEKEN speaks of this condition as exactly similar to that in which a person about to venture a leap doubts his ability at the very instant of jumping. Often he cannot hold himself, but as he does not spring with the requisite confidence the distance is not reached.

The treatment of stuttering must consist, above all, in imbuing the patient with confidence in his ability to say everything. As long as he believes in the infallibility of the method of treatment he will speak well. Only on this ground could Dieffenbach's operation of glossotomy have produced good results; not because a piece of the tongue was removed, but on account of the



patient's faith in so formidable a procedure, and his belief that it must be followed by perfect cure. But the operation should be abandoned, at all events. When from any cause the patient's doubts were awakened, no good result followed the operation.

The author now refers to Katenkamp's method of treatment. It consists, in short, of the following procedures: For the first few days the patient is left to himself, but is observed, in order to detect how much he is affected, which letters occasion the most trouble, and what circumstances increase the difficulty. After thorough examination the patient now begins the first stage of treatment, during which he must observe silence; WYNEKEN attaches great importance to the latter.

The treatment proper then begins with regulation of the respiration, which during stuttering is subject to great irregularity. When the patient can expand his lungs perfectly, and can inspire and expire with equal effort, we pass on to the vowels, and show the different attitudes of the mouth when they are formed; first we permit their silent formation, afterwards we allow them to be vocalized. Then, in like manner, we go to the diphthongs; after this we attach to the vowels first one, then two, and three consonants; and we now practise these until the patient is convinced that he can pronounce every vowel, and every syllable beginning with a vowel, free from stoppage. Then a consonant is placed before a vowel, and combined with every vowel; we begin with the consonant he can best pronounce, and gradually advance to the most difficult. While adding our consonants, by degrees, before and after vowels, we reach monosyllabic words, then polysyllabic, and finally plain sentences. Only after speech has become very sure may we advance to reading and from this to declamation of what has been read.

With this method the first stage of treatment lasts from 6—12 weeks, after which the patient is permitted to speak with his physician, and then successively with the other inmates of the institution.

The second difficulty for students to surmount is "keeping time," that is, the pronunciation of every syllable as in a polysyllabic word, each one must be the same length and be uttered very slowly; and every mark of punctuation must be followed by a fresh inspiration. He must, when suddenly or unexpectedly addressed, pause before making a reply; and only after he can stand all these tests well, and can speak "in time" for several months, can be regarded as cured.

The greatest number of relapses occur in this second stage; and then nothing remains but to begin at silence again, go over all his difficulties with the patient in study hours, and not to allow him to speak again until he has won back his confidence.

After speaking of the mental and physical conditions which influence stuttering, WYNEKEN says that the duration of treatment is very various, some few were discharged well in six months, some had not observably improved in two years. In the latter cases he recommends suspension of the treatment, as the patients are incurable from great deficiency of volition.

#### Therapeutic Value of Olive-oil.

At the last meeting of the Harveian Society says the *Brit. Med. Jour.*, Dr. RAMSKILL read a paper on the Therapeutic Value of Olive-oil. The paper consisted of a history of two cases of gout, which he considered types of the kind of disease, and especially as to the stage of it in which the internal administration of olive-oil was most useful. The first type was represented by a patient affected with comparatively acute attacks, reappearing with very short intervals, and making little or no way towards convalescence. Bark, quinine, iron, had frequently failed to prevent a reappearance of the disease. Cod-liver oil was rarely borne at all. In such cases, olive-oil, given when the patient lapsed in the interval, had answered all the requirements of the case in Dr. RAMSKILL's hands. Nutrition began to improve, and no more relapses occurred. The second class was a type, also, of a class of cases, where, all acute symptoms having long subsided, vague and uneasy pain remained in all the joints—associated only with stiffness or difficulty and pain on movement. The general health meanwhile slowly deteriorated, with much general wasting; and no impression could be made on the system by the usual tonics. Here the use of olive oil was more quickly beneficial; but it often seemed to act as a hæmotoxin. In true rheumatoid arthritis, the use of the oil was perhaps more beneficial than most ordinary remedies; but Dr. RAMSKILL could make no assertion as to the favorable action of any single remedy on this disease. The dose of olive-oil should not exceed a teaspoonful at the commencement; it should be gradually increased, until a laxative effect announced the attainment of such a dose as exceeded the absorbent power of the stomach and intestines. Any vehicle containing a few drops of sulphuric ether would then help to assimilate the oil, and prevent diarrhoea. It was

important to obtain perfectly fresh and new oil, to ensure absence of rancidity, and consequent eructations and disorder of the stomach. Dr. RAMSKILL considered the remedy as a combination of food and physic; but still one unattainable by ordinary food and medicine. It was important to begin its administration when the patient was free from acute attacks or, at least, from fever. The passage of pale urine, or of greenish-yellow urine, that suggesting oxaluria, was an indication for its use, especially if accompanied by hypochondriasis, general *malaise*, and weariness and aching of joints. Dr. RAMSKILL said he had found great benefit from the use of olive-oil at the Hospital for Paralysis and Epilepsy, especially in cases of lead-poisoning, after the acute symptoms, such as colic, had subsided; always in the malnutrition accompanying paralysis of the extensors of the hands; also, in CRAUVILLIER's atrophy; and in epilepsy, associated with great cachexia. In all these conditions supposing cod-liver oil disagreeing, and therefore inadmissible.

#### Protoxide of Nitrogen as an Anæsthetic.

A preliminary report of the Committee of the Odontological Society of Great Britain was presented by Mr. W. A. HARRISON, Chairman of the Committee, at a crowded meeting of the Odontological Society on Monday evening. By the kind permission of Mr. HARRISON, we are enabled to give a digest of the Report; but this we must, however, curtail more than we would otherwise have done, owing to pressure on space.

The Committee, after paying a just tribute to the great service done by Dr. EVANS in introducing the gas successfully as an anæsthetic into this country, proceed, in the first place, to consider in detail how far nitrous oxide gas is an efficient anæsthetic. To ascertain this, experiment upon various lower animals were instituted. From these, they arrived at the conclusion that it was free from atmospheric air, a powerful anæsthetic, more rapid in its action, although more evanescent than chloroform and other anæsthetics; and that although, if pushed, it produced death, still the animals were often speedily brought round, when apparently dead, by the admission of air.

They next proceeded to arrive, if possible, at the conclusion whether, as an anæsthetic in man, it was as safe as, or safer than, those in general use. To this they give a guarded answer for the present; stating, however, that it is at least as safe, for short operations, as any other anæsthetic.

They next enumerate the conclusions arrived at, founded on 1380 cases watched and carefully reported on by the various members of the Committee, and on 1051 reported to them on trustworthy authority, as to the advantages and disadvantages of the gas. The advantages are, shortly, these: the rapidity of its effects in producing anæsthesia, the shortest time being twenty-five seconds; rapidity in recovery; its agreeable nature; its being tasteless and less irritating; almost entire freedom from nausea and vomiting, occurring in less than one per cent.; absence of headache and vertigo, as a general rule, after complete recovery from the anæsthesia. The disadvantages are noted as consisting in its unsuitableness for long operations, on account of the rapidity of recovery; in the difficulty of making and transporting the gas, and also the expense of the agent; in its being troublesome to make, and requiring unusually complicated apparatus in its administration; in the undesirability of quick recovery in operations followed by much pain; in the administration being occasionally accompanied by twitchings which render it unsuitable for delicate operations.

The Committee next foot up the physiology of its action, with the view to obviate, if possible, any serious results which might follow in its administration. They confess they are as yet unable to explain the *rationale* of its action; but recommend, from experience with lower animals, that, when dangerous symptoms appear, the exhibition be at once suspended, and, should respiration not take place, artificial respiration be resorted to.

The Committee recommend, as the best, most convenient, and cheapest method of procuring the gas in a pure state, the plan of Messrs. JOHN BELL & Co. In its administration, they observe that, whatever instrument is employed, it ought to be as air-tight as possible; but they offer nothing fresh, of importance, in this respect, or in the mode of administration. There are, however, a quantity of useful practical details given of considerable interest.

As regards the question, whether there are any special conditions of the system contraindicating its use, they can only say that they have administered, it in persons in various stages of pregnancy in suckling women, in persons subject to asthma, epilepsy, and the like, without any deleterious effects. They, however, advise caution, especially in those affected by disease of the heart, vessels, or lungs. They conclude by drawing the attention of the profession to the

success attending the anæsthetic in America by Dr. COLTON, and in France by Dr. EVANS; and observe that they propose to prosecute further experiments on the subject, which they hope to lay before the profession at some future time. An appendix of some interesting cases is attached to the Report.

#### Hypertrophy of the Mamme.

M. MARJOLIN reported to the Academy de Chirurgie (*Gazette Hebdomadaire*, Oct. 1868,) the case of a young girl 16 years of age, who consulted him last June on account of enlarged breasts. He diagnosed simple mammary hypertrophy. The enlargement increased rapidly in spite of systematic compression and the internal use of iodide of potassium. There were no kernels in the axilla, and the general health was good. At length two small ulcerations formed on the right nipple and slowly discharged. The breast measured 53 centimetres in circumference at its largest part and became pediculated. Oct. 6th it was removed, and weighed 1 kilo. 510 grammes. The left breast slowly diminished.

## Reviews and Book Notices.

### NOTES ON BOOKS.

The French medical press has recently sent forth the following works:

The first is on an interesting topic by Dr. BERGERET—"Des fraudes dans l'accomplissement des fonctions génératrices, dangers et inconvénients pour les individus, la famille et la société." Price 2 francs.

Another, by the celebrated TARDIEU—Étude médico-légale sur l'avortement, suivie d'une note sur l'obligation de déclarer à l'état civil les fœtus mort-nés, et d'observations et recherches pour servir à l'histoire médico-légale des grossesses fausses et simulées," being the third edition of this treatise.

The next is by the alleged atheist, Dr. GRUNIER, and is entitled, "Du ramolissement sénile du cerveau, Deuxième thèse du docteur Grenier, précédée d'une dédicace à M. Dupanloup, évêque d'Orléans, avec pièces justificatives concernant sa première thèse, intitulée: Du libre arbitre humain."

Elsewhere we have spoken of the new method described by Dr. BERTIN, "Étude clinique de l'emploi et des effets du bain d'air comprimé dans le traitement des poitrine, notamment dans le catarrh chronique."

#### Correlation of the Physical and Vital Forces.

An Inaugural Address introductory to the course on Institutes of Medicine in the Jefferson Medical College. By J. AITKEN MEIGS, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, etc. *Second edition.* Philadelphia: Office of the MEDICAL and SURGICAL REPORTER. 1869. Price, 25 cents.

The first edition of this remarkable address has been so rapidly exhausted that another has been prepared. The topic is one just now of the very greatest interest to all scientific men, and indeed reaches into other spheres usually thought quite remote from physical science. The problem of life, that chiefest of all problems, and the mystery which surrounds the nature of the imponderable forces, here, if anywhere, find their solutions. No one is more interested in this question than the physician, and nowhere, we may safely say, can he find in the same compass the same amount of information about it.

**Practical Observations on the Ætiology, Pathology, Diagnosis and Treatment of Anal Fissure.** By WILLIAM BODENHAMER, A.M., M.D. Illustrated by numerous cases and drawings. New York: WILLIAM WOOD & Co. 1868. 8vo., cloth, pp. 199.

The author of this monograph is already favorably known by his work on "Congenital Malformations of the Rectum and Anus," published some years since. The class of diseases to which he has given his attention is by no means small, and counts some of the most annoying to which the human frame is subject. What is more, owing to a false delicacy, sometimes on the part of the patient, sometimes on that of the doctor, they are frequently overlooked or misunderstood.

The first chapter treats of the history of anal fissure, and of its very troublesome concomitant spasmodic contraction of the anus; the second examines into the name *fissura ani*, and the physiology of the complaint; its ætiology, in which constipation has a prominent share comes next, and then a classification and description of the various varieties of fissure, their symptoms and signs, diagnosis and prognosis. The fifth chapter gives at considerable length the different methods of treatment, and the sixth and concluding chapter presents a variety of illustrative cases, of no little clinical value. A short bibliography is appended.

The treatise is throughout carefully prepared, and we recommend it as a valuable practical book, worth a place in any working library.

## Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 9, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

### THERAPEUTIC USES OF COMPRESSED AND RARIFIED AIR.

There has been an apparatus patented in Cincinnati for the purpose of applying air of different densities, called the Equalizer, and persons are travelling through the western country, boasting—and with reason—of its excellent effects. It is, in fact, little more than a yankee improvement on the "*grandes ventouses*," or large cups of Junod and Tabarié, long used in the French hospitals. It is very important, therefore, that the profession should make themselves acquainted with this therapeutic means, and not leave it in the hands of empirics. We know of a medical man in a city on the Mississippi river who has excited very general attention by his many successful cures.

As far back as 1850, Dr. PRAYAZ, of Lyons, wrote a pamphlet on the subject (*Essai sur l'emploi médical de l'air comprimé*), and an establishment was founded at Montpellier for the treatment of patients by this method. It took, however, slowly in France, and at present we believe there are but three such pneumatic institutions there. In Germany it has been more widely adopted, and at Vienna, Ruchenhall, Johannisberg, Ems, and other cities, this procedure is tried on a grand scale.\*

The apparatus adopted in these houses are chiefly bells. Each can contain two or three persons comfortably, and is connected with an air pump worked by a steam engine. The bells are of strong plates of wrought iron, capable of supporting a pressure of ten to fifteen atmospheres, although half an atmosphere is as much

as is employed therapeutically. By reversing the valves, the air can be rarified as much as is desirable. The air used is brought by a tall chimney from the upper regions of the atmosphere on account of its greater purity. A stop-cock allows the air to escape gradually and a current of fresh to enter at will, while the pressure remains the same. Such is the arrangement of that at Ems, recently described in a work by the resident physician, Dr. LANGE (*Recherches sur les effets physiologiques et thérapeutiques de l'air comprimé*, 1867).

The therapeutic employment of this method has chiefly been confined to chronic diseases. In asthma, bronchitis, emphysema, even in pulmonary consumption it has been said to have had most excellent results. In certain maladies of the ear, and certain cases where a deficient capillary circulation is a marked symptom, the treatment has long been known. We are personally aware of several cases of chronic rheumatism, of partial paralysis, and of enfeebled vital powers from exhaustion where the judicious employment of air, either rarified or compressed, has been attended with the most satisfactory results. Even the Equalizer and the cups of Jounod have effected cures which demonstrate conclusively the wide field there is in the application of varying pressure on the external surface of the body.

By these bells we can bring about all the physiological effects which travellers experience in ascending the highest mountains or in descending into the deepest mines. But a word of caution. There are contra-indications in certain diseases and certain constitutions which the physician must carefully note; there are occasional startling effects, and frequent disagreeable sensations which he must understand and combat. Not every empiric should use these powerful means. Violent hemorrhage, giddiness, roaring in the ear, serious cardiac symptoms, permanent deafness, these and other accidents attend those who venture on balloon ascents or who seek the bottom of the ocean in diving bells. We may look for similar casualties in the indiscreet use of the bells and exhausters.

All these but prove, however, their great power on the human system, and their efficacy as therapeutic agents when wisely used. Who will be the first to organize such a pneumatic establishment in this country? Who will lead the way in the introduction of these valuable apparatus? We do not hesitate to predict this fortune and success will wait on him, if he enters into the project zealously, circumspectly, and intelligently.

\* We mention as the German authority, *par excellence*, Vivenot. *Zur Kenntnis der phys. Wirkungen u. der Therapeut. Anwendungen der verdichteten Luft*. Erlangen. 1868; and in French Dr. Bertin.—*Sur l'emploi thérapeutique de l'air comprimé*, Paris, 1868.



## Notes and Comments.

## Military Medical Matters.

The *Lancet* of Aug. 8th, 1868, says: It was on the score of humanity, and owing to the interest taken by the Queen, that a committee was appointed in 1867, for the reorganization of the medical service in the Prussian army. The warrant of February 20th, 1868, was the consequence. By this a sanitary corps is created, which is to include the medical officers of the army and navy. This corps no longer belongs to the civil department of the army, but its officers are classified with combatant officers.

There is one very important point conceded to medical officers in the Prussian warrant, namely, the disciplinary power over all men of the hospital service, army hospital corps, purveyors, apothecaries, nurses, etc.

Every hospital has at its head a principal medical officer. Combatant officers have nothing to do with the hospitals.

The amount of power and authority accorded to army surgeons is regulated by rank and seniority, diminishing, of course, as we descend from the General Stabs Arzt, who possesses powers equivalent to those of a general in command of a division, to the subordinate ranks of the department. All medical men can be employed by the Director-General. Leave is also granted by the medical superiors.

There yet remains an Army Medical School to be established for the special instruction of medical officers.

## Medical Department of the University of Michigan.

We are glad to learn that the Regents of the University have recently renewed more emphatically than heretofore their assurance that under no circumstances will a chair of Homœopathy be established in the Medical Department of the University. Such a step would be such an act of injustice to the Faculty and students, and blow to the prosperity of the school, that we can hardly suppose it possible that it could be attempted in sober earnest by intelligent, reflecting men.

THE USE OF SPIRITS IN ENGLAND.—It is stated that during the five years ending September, 1867, there were nearly 1,000,000 cases of assaults and drunken and disorderly conduct summarily disposed of before the magistrates in England. The annual average of these cases was 193,640.

## Correspondence.

## FOREIGN.

## Letter from Vienna.

VIENNA, NOV. 16th, 1868.

## EDITORS MEDICAL AND SURGICAL REPORTER:

The great advantages of Vienna, so far as I have been able to learn, are surgery and diagnosis. Since I have been here (or about six weeks), I have seen perhaps twenty forceps cases of labor, and had one case myself. Have seen several cases of version, two of rupture of the uterus, one of craniotomy, prolapsus of cord, eclampsia, etc. I have seen no chloroform given, nor phlebotomy employed in eclampsia. Students are allowed to perform forceps operations, but this only to those who have taken a private course in operative midwifery with an assistant. No students are allowed to perform operations in the surgical clinics except candidates for graduation, and those only some such trivial affair as lancing an abscess.

I am now rooming in the hospital building with a Hungarian, who speaks good German and some English. He is a graduate, and has some advantages not allowed to students. And through his influence I expect to receive some special favors. We are called, during the night, to every difficult case of labor, by paying one of the midwives about ten cents.

Four times a week I attend the reception of pregnant women, and have the opportunity of examining all women who are past seven months.

Last Sunday I visited the Foundling Hospital, where I saw perhaps two hundred and fifty infants of two days old or more. All women delivered in the hospital are obliged to go to this Foundling Hospital, and nurse their own child and another one for three months. Or the infants, when healthy, are put out to families, to be brought up until they attain the age of six years, for which these families receive from the State about three dollars per month. When the child is six years old, the mother must either take it back and take care of it, or the town from which she came must do it. Syphilitic children do not nurse, but are fed. Syphilitic mothers, of course, do not come to this hospital, but are transferred to Prof. SIGMUND's wards for treatment. Any woman not desiring to go to this hospital as nurse, can get that liberty by paying about twenty dollars, and leaving her child behind or taking it at pleasure. I understand that there are scarcely more than a hundred, out of

the ten thousand delivered, who have taken their children away. There is another small lying-in hospital where the more respectable women, who wish to conceal their shame, can be confined veiled, and turn their children over to the hospital forever by paying one hundred and fifty dollars, no one knowing who they are, or seeing their faces. About seventy per cent. of all the children delivered in the hospital die before the age of six. If any of the children who are put out to families are taken sick before the age of six, they are returned to the Foundling Hospital for treatment.

### DOMESTIC.

#### Artificial Respiration in Opium Poisoning.

EDITORS MEDICAL AND SURGICAL REPORTER:

After a drunken bout of three or four days duration, a Mr. C., aged 25 years, of good constitution, took, January 4th, 1868, at about 10 o'clock, P. M., ten drachms of official tinctura opii, which he procured a few moments before from a drug store, for the purpose of destroying his life.

I saw him about three-quarters of an hour later; found him very drowsy; could be aroused, but would soon fall asleep when not prevented; tried to introduce a stomach tube, but he resisted effectually all such efforts. Succeeded in administering five grains of sulphate of zinc, which produced slight emesis. Strong coffee was administered from time to time, as long as he could swallow. About fifteen minutes past eleven, P. M., he was permitted to be seated on a lounge, when he immediately went to sleep, and ceased to breathe; smart slapping on his breast with the open hand, and dashes of cold water in his face, failed to arouse him; he was now placed on the floor on his back; his tongue was drawn from his mouth, and artificial respiration resorted to, by placing the two open hands over the lower part of the thorax, and forcibly expelling the air; this was done from eighteen to twenty times per minute. About twelve o'clock he began to respire, and by this time a Kidder's battery had arrived, also a solution of atropia. The battery was applied in the usual way. Fluid extract of belladonna was administered with coffee, in full doses, which soon dilated the pupils. The patient was sent into the open air, and slapping with the open hand on the bare breast, and flagellation, was necessary to make him breathe at all. Dr. V. McDAVITT was called, rendering efficient aid in carrying out the treatment.

At half past one, A. M., January 5th, he was allowed to sit down, when he instantly ceased to

breathe. Artificial respiration was again employed for over half an hour before he again breathed. About this time one-fortieth of a grain of sulphate of atropia was administered hypodermically, and the patient kept in the open air, and flagellation on the chest kept up till about half-past four o'clock, A. M., when his nervous system was exhausted to such a degree that he could no longer stand; he was now taken into a cool room. At five o'clock all means failed to keep up respiration. He was now placed on a mattress on the floor, and artificial respiration resumed, as above, and continued till eleven and a half o'clock, before the least effort was made to fill the lungs with air by the patient. Not till about one o'clock did we withdraw the artificial aid. His recovery from this time was without any untoward symptoms. There was no sweating in this case.

Query: how much had the atropia to do with this dryness of the skin, and with the continued action of the heart? G. H. BANE, M. D.

Macomb, Ill., Dec. 16, 1868.

#### Supposed Tetanus.

EDITORS MED. AND SURG. REPORTER:

On April 23d, 1867, I was called to see Mrs. F., who had been laboring under an attack of paraplegia some six weeks, having been attended by two respected physicians without receiving any benefit. Both of her physicians gave her little or no encouragement, and gave up the case. I found her with tongue coated yellowish-brown, remitting fever, nervous, and vomiting bile occasionally.

Ordered her a dose of calomel, which operated freely. Gave her, on the 24th, eighteen grains of quinine, in divided portions.

25th. Has taken the quinine, and is not so nervous, and has no fever, but cannot move her lower extremities in the least. I applied a fly blister to her spine, as there was tenderness upon pressure. There had been several blisters applied without producing any vesication. I also directed fifteen drops of the tincture of iodine to be taken three times a day, and two grains of calomel to be taken at night.

28th. Her blister did its duty; calomel kept her bowels loose; has some appetite; can move her toes, and feels much encouraged. Continued the iodine, and ordered two grains of calomel every alternate evening.

May 2d. Can move both feet; has a good appetite; blister drying up. Re-applied blister; continued treatment. Her gums were a little touched with mercury.

8th. Not much improved since last visit. Gave her ten drops of the tincture of strychnia, telling her at the same time what it was. She almost went into spasms when she learned what she had taken. Kept on with the iodine, and put her up sixty pills, containing 60 grs. chenopodine, 2 grs. strychnia, 120 grs. ferri sulphas. One to be given three times a day.

18th. Has taken the pills; can walk the floor with a cane. Continued treatment, occasionally letting her rest a week, until July 1, when she was able to walk and attend to her household duties.

Feb. 15th, 1868. Her husband brought her to me (as I was not able to go out), with her left arm flexed, the hand grasping her left shoulder, and complaining of pain in her wrist, which was occasioned by its position. She also had pain in her head, with tenderness in the spine just between the shoulders.

She had been treated for this last attack with an attempt to blister, without effect, as before. Put her on the same treatment. The blister vesicated after the mercurial purge. In four weeks she entirely recovered. Moved, this fall, in perfect health, to the State of Wisconsin. The most interesting point in this case is that in both attacks the blisters failed to produce vesication at first, and after the mercurial purges they acted freely. The physician who attended her in her second attack, called her disease tetanus. I should have stated that she increased the tincture of iodine to half-drachm doses, and liked to take it, while she could not take a solution of iodide of potassium, without vomiting from it.

E. A. OPPELT, M. D.

Tuscarawas, Ohio, Oct. 2, 1868.

#### Dislocation of the Spine.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

On Thursday afternoon, August 5th, 1868, I was hastily summoned to see Mr. L. W. a resident of this city, aged 40 years. The messenger informed me that a team of horses had run over him and broke his back. I found him lying upon the grass near where he met with the accident, which was caused by two horses, attached to a heavy wagon, running against him and striking him in the back. It knocked him down and the wheels of the wagon passed over him. He was supposed to be dead, and was removed to the spot where I found him a short time after the accident occurred. His general appearance was decidedly cadaverous. His eyes were closed. Surface cold and clammy. Countenance swollen and pinched. Pulse small and fluttering. Articulation

very feeble. No paralysis of either extremity. Upon further examination I found a tumor over the dorsal region nearly as large as my head. No abrasion of the skin, some discoloration and slight ecchymosis. Upon further examination I soon discovered that three of the upper dorsal vertebrae were dislocated backward, and that, with the puffing of the soft parts, caused the very formidable looking tumor above mentioned. I immediately administered a stimulant with an anodyne, and as he was one half mile from his house procured a lounge and with the assistance of a few kind neighbors carried him home. After which I made some efforts to reduce the dislocated vertebrae, but without success. Continued anodyne and stimulant treatment. During the night reaction was in part established. I then applied cold to the tumor. Symptoms nearly the same for two days, then all became aggravated. Pulse small and intermittent; coldness of the extremities; hurried respiration; anxious countenance; obstinate vomiting; retention of urine; hiccough; subsultus, and all of those untoward symptoms that generally indicate speedy dissolution. This state of things continued for nearly ten days, during which time very little was done, only to wait for our patient to quit breathing. On the eleventh day there was a slight improvement, and though hardly perceptible, or even expected, there seemed to be a gradual change for the better. Continued cold application, as the unfortunate individual had no particular dislike to "ardent spirits," the stimulant part of the treatment was *very thoroughly* persevered in from beginning to end, particularly in my absence, as I learned after the case was convalescent. I forgot to mention that I kept a bandage around the body over the tumor the most of the time, tightening it as the patient could bear. After the fifteenth day the tumor subsided and a gradual reduction of the vertebra took place and continued until now, the prominence is not one-fourth as large as at first. At the end of three months from the time of the accident the patient was able to walk with a cane, and I saw him yesterday on the street, and he informed me he was able to walk several miles in a day; felt very well; appetite good; thought he should soon be as well as ever, but remarked as he left me that "it was the loudest call that ever he had." I did not feel inclined to dispute him.

Now, this to me was a very interesting case, and shows that there can be a dislocation of the vertebra and the patient recover. I have no doubt but that in time the dislocated vertebrae as

in this case will seek nearly their natural position.

H. A. SPENCER, M. D.

Erie, Pa., Dec. 17th, 1868.

# **Fibrous Tumor of Uterus,—Polypus of Ear.**

EDITORS MED. AND SURG. REPORTER:

On the night of October 23th, 1868, 10 o'clock, I was summoned in attendance on Mrs. —, æt. about 35 years, primipara. Upon arrival, found her progressing favorably, with no indications of deviation from ordinary routine of labor, the membranes having ruptured with vertex presentation about one hour preceding my arrival. About one o'clock A. M., the second stage was completed, with the birth of a fine, well-formed male child, weighing about 10 pounds. As is usual with me in such cases, I immediately made external examination with my hand to ascertain condition of uterus, when I discovered an irregularity in the shape of the organ, somewhat simulating a chatonnement. I then made gentle traction with the funis, at the same time making grasping pressure with my other hand, upon the organ until I found it making constant expulsive efforts, the funis receding with a sudden jerk when traction was suspended. There being no hemorrhage of consequence, I waited about one hour longer by my patient's bedside, when I found that the uterus was relaxing and apparently becoming enfeebled in its efforts to expel the placental mass. I then concluded that adhesion was the cause of the placental retention, and at once administering a full dose of ergot to stimulate uterine contractions, I passed my left hand in the usual manner into the vagina, and finally into uterine cavity without difficulty, when I discovered extensive placental adhesions to anterior and superior walls of fundus. I at once commenced detaching placenta as gently as possible, which I accomplished without difficulty, until I reached the most superior part of fundus, when I discovered the cause of irregular shape of the organ in the form of a hard globular mass, about the size of a large orange,  $\frac{1}{2}$  of its superficies being pretty firmly adherent to uterine walls. After a few seconds' deliberation, I concluded that I could not allow the tumor to remain intra uterine with any prospect of safety to my patient, and as the hemorrhage was now becoming profuse, I immediately grasped with my right hand the portion of uterus containing the tumor and began the task of loosening with my left hand its attachments, which I accomplished with some difficulty in a few seconds longer, and at once withdrew the whole mass into the vagina. I then imme-

diately reintroduced my hand into the uterus for the double purpose of removing any debris which might possibly have been left, and also to stimulate uterine contraction. Finding everything satisfactory I gently and slowly withdrew my hand and the mass with it from the vagina, maintaining pressure for some moments longer on the uterus, or until I deemed further danger from hemorrhage passed, the organ having assumed its natural shape and size.

I then made my patient comfortable as possible under the circumstances, she having become considerably prostrated from pain, loss of blood and nervous excitement. Enjoined perfect quietude of position, immunity from excitement, and low diet (no anodyne being indicated), remained with her about an hour longer, when, showing symptoms of sleep, I left her, promising to visit her in a few hours again.

Oct. 29th, 9 A. M. After an interval of six hours visited her again when I found she had enjoyed about three hours refreshing sleep, and all her symptoms favorable. Saw her again at evening, same day, under same favorable auspices. Enjoining and enforcing the same rigid observance of quiet, low regimen, etc., until the fifth day (having administered a mild but thorough evacuant on morning of the second day) this patient advanced to full convalescence without a single untoward symptom.

The tumor is of a dense fibrous homogeneous, non-vascular structure, weighing about ten ounces avoirdupois, and had beyond doubt existed for some time prior to conception, as my patient informed me that for several years previous to marriage she always (to use her own language) had "terrible times" at her menstrual period, and had often imagined that "something was wrong."

This case is of interest as constituting an exception to the general rule of intra-uterine tumors forming an insuperable barrier to conception, or proving an unavoidable cause of abortion. I would further remark in conclusion, that this patient from the time of conception until she reached her full period, enjoyed uninterrupted good health, the only symptom of which she complained was a slight tenderness at times near the medium line a little to the right of the umbilicus, but not giving her sufficient annoyance to induce her to consult a medical advisor.

**Case of Polypus of Ear permanently removed by Injecting with Persulphate of Iron.**

December 28th, 1867, was called to operate on a little boy, æt. about 5 years, for gelatinoid



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## NEWS AND MISCELLANY.

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polypus of ear, which had recurred very soon after its removal about one year previous. The little fellow had been suffering from otorrhoea of both ears for about three years, the sequelae of rubeola, and is of strumous diathosis.

As there was no adult male member of the family present, and the boy too resisting for me to operate in the usual manner without substantial assistance, the idea occurred to me to try the effect of injecting the tumor, which was quite large and projecting considerably into the concha and attached by a broad pedicle to posterior wall of meatus, with an astringent. I accordingly prepared a solution of ferri persulphate, grs. xx. to fluid ounce, and with a hypodermic syringe injected ten minims of the solution into the tumor. About four days after that the father brought the boy to my office, saying that the tumor was entirely gone, and was apprehensive that the means used might do harm, unless something was used to counteract its effect. I examined the ear with a speculum, but could not discover a trace of the tumor, and there has been no recurrence since. I would say that since that time I have made use of the same remedy applied as a wash in a case of nasal polypi (the patient also a boy about seven years), and with same satisfactory result.

P. M. SENDERLING, M. D.

Berwick, Columbia Co., Pa.

## News and Miscellany.

### Hair Dyes.

MR. ERASMUS WILSON discusses the whole questions in a series of observations in the *Journal of Cutaneous Medicine*. He observes that the hair owes its property of dyeing to its porosity; which is evidently greater than its physiological structure would lead us to infer. Another of its properties—namely, the presence of sulphur in its constitution—renders it prone to darken under the use of certain mineral substances, for example, lead and mercury, whose compounds with sulphur are black. Thus, if a weak solution of lead or mercury be brushed into the hair, a certain quantity of the solution will penetrate the hair, and a dark color will be produced, in consequence of the formation of a sulphuret of lead or sulphuret of mercury. The depth of the shade or color will depend upon the quantity of sulphur present in the hair; and as red hair and light-colored hair contains more sulphur than dark hair, the result will in that case be comparatively greater. But where the amount

of sulphur is too minute, to produce the dye, science suggests the means of introducing more sulphur, as is illustrated, by a reversal of the process, in the following quotation from a paper by Dr. McCALL ANDERSON on *Eczema Marginatum*.

"During the treatment I accidentally discovered what promises to be the most perfect black dye for the hair which has been seen. After having used the bichloride lotion for some weeks, I changed it for the lotion of hyposulphite of soda; and the morning after the first application the hair of the part, which before was bright red, had become nearly black. One or two more applications rendered it jet black, while neither the skin nor the clothing were stained. I saw this patient a couple of weeks later, and there was not the least deterioration of color; although, of course, as the hair grows the new portions will possess the normal tint. The reason of the escape of the epidermis, while the hair was so thoroughly dyed, is that it contains no sulphur.

"Mr. BALMANN SPIRE, in a commentary on the above process, observes that if instead of the hyposulphite of soda one of the more common mordants be employed—say, for example, the sulphide of ammonium—instead of a black, a bright red color will result. The operation of Dr. ANDERSON's dye is this: The hyposulphurous acid, on being liberated from the soda, decomposes into sulphurous acid and sulphur. The sulphurous acid reduces the bichloride of mercury to the chloride, and the sulphur converts the chloride into (black) sulphide. The effect of sulphide of ammonium on bichloride of mercury is to produce the (red) bisulphide, which is the common vermilion of commerce."

"The chief constituents of hair dyes are metallic bodies and walnut-juice. The metals chiefly in use as 'capillary chromatics' are silver, lead and arsenic; while others applicable to a similar purpose are gold, bismuth, iron, copper, cadmium, titanium, uranium and molybdenum. Lead, in its crudest form, is represented by the leaden comb; but as the process by this means is slow, a compound of oxide of lead or litharge, with lime, and made into a paste with water, is more commonly employed. This is smeared on the hair at night, the evolved gases being imprisoned by an oil-skin cap, and in the morning the dried paste is brushed out, and the hair refreshed with pomatum. Or, if a so-called brown, a 'smothered' or 'fusty black' is required, the paste should be mixed with milk instead of water. The night is preferable for these remedies, because the hair is supposed to exhale more sulphur at this period than during the day.

"Brown is produced by the chloride of gold as also by a solution of sulphate of copper with a mordant of the prussiate of potash (ferro-cyanide of potassium); and titanium, uranium and molybdenum, judged by their chemical behavior, would give rise to similar results. The 'golden yellow color,' so much in fashion of late (says the *British Medical Journal*) is produced by a solution of arsenic\* with a mordant of the hydrosulphate of ammonia. And cadmium would probably give

rise to a similar result. In the case of 'dyeing the lighter tints, however, it becomes necessary to submit the hair to a process of bleaching, which is commonly effected by a solution of one or other of the alkalies, by chlorine, by the chloride of soda, or lime, or by sulphurous acid, bisulphate of magnesia or lime, or peroxide of hydrogen. In general the dyes requiring mordants do not stain the epidermis."

#### The Clerical Surgeon.

The court of cassation of Belgium has condemned to imprisonment for a month the priest who performed the Cesarean section mentioned in the *REPORTER* a few weeks back. The midwife who assisted was imprisoned for eight days. The defence was, that the priest was acting under instructions from the archbishop. The catholic clergy in Belgium, says the *Gazette Hebdomadaire*, claim the right to perform this operation, in the interest of the infant's soul, in order to baptize it, when they deem it necessary. This question is about to be submitted to the court of cassation to decide upon it from a juridical point of view.

#### Dental use of Vulcanized Rubber.

*Decision in the Goodyear Patent Case.*—The United States Circuit Court at Cincinnati (Judge LEAVITT), has given an elaborate decision in this case, concluding as follows:

I can have no hesitation, therefore, in holding that the use for dental purposes, of hard rubber plates made under the SIMPSON patent, is an infringement of the NELSON GOODYEAR patent; and in no aspect of the case is the defendant relieved from liability as an infringer, by asserting the use of the product under the SIMPSON patent. While it is probably true that SIMPSON has made a valuable discovery in introducing into his compound an ingredient which by its vaporizing properties prevents the unpleasant taste and odor of the vulcanized rubber, when used as plates for artificial teeth, and for this invention may have been well entitled to a patent, he or his licensees are not protected in the use of the process and the product as claimed by and patented to NELSON GOODYEAR.

#### Another Charlatan.

It is not worth our space to brand every impostor who with a pretence to medical science fleeces the public. A fellow who lives at Dalton, Georgia, is travelling over that region of country scattering copies of a journal he calls the "Medical Reporter." He is one of a legion. Let the physicians of those parts see to it that a law is framed forbidding such strollers to practice without diplomas from regular colleges.

#### Vaccination.

The Board of Controllers of the Public Schools of Philadelphia, at their meeting on December 8th, adopted a resolution that hereafter no child shall be admitted to or continued in the Public Schools of Philadelphia unless it has been vaccinated. The propriety of such a regulation may be judged by the forcible remarks of Sir JAMES Y. SIMPSON, the celebrated physician of Edinburgh, who says that "a rattlesnake or a tiger escaping from a travelling menagerie into a school full of children would, in all probability, not wound or kill nearly so many children as would a boy or girl coming among them affected with or still imperfectly recovered from scarlet fever, measles, or small-pox. Most probably these noxious animals are always, as far as possible, prohibited from making such visitations, and the infected boy or girl should be prohibited also during the time that they are running through the courses and convalescence of such contagious diseases, or while they exhale from their bodies a virus of dangerous and deadly potency." The School Controllers should, therefore, adopt a further regulation in reference to the readmission of pupils who have not perfectly recovered from the diseases mentioned.

#### The Philosophy of Tea-Making.

The results of the investigations of careful experimenters are hardly, perhaps, sufficiently known to the multitude of tea-drinkers. The whole subject is carefully summarized by Dr. LETHBRIDGE in his recent Cantor Lectures, which are now being reported in the *Chemical News*. There is a popular notion, which is an incorrect one, that soft water is best for tea-making. As a matter of fact, our London water, which has about five degrees of hardness when boiled, makes the best flavored tea, provided that it be allowed to stand upon the tea sufficiently long. Boiling tea is one of the follies of which the officials in workhouses and other large establishments are guilty. This makes a deep-colored solution, containing the worthless bitter extractive matter, which is devoid of physiological or dietetic property. In point of strength, it is found experimentally that infusions of tea and coffee are strong enough when about two and a half teaspoonfuls of tea, or two ounces of freshly roasted coffee, are infused in a pint of boiling water. From some inquiries which Dr. EDWARD SMITH made into the relative average weights of a spoonful of different kinds of tea, it is to be inferred that the quantity of black tea used, as compared with that of green, is as three to two.—*British Medical Journal*.

**Hospitals for the Insane.**

The trustees of the Insane Asylum at Augusta, Me., will ask the legislature to enlarge their buildings and buy them a farm, and have elected as officers for the ensuing year, Dr. WILLIAM B. LAPHAM, of Woodstock, President, and Dr. JOHN T. GILMAN, of Portland, Secretary.

The New Jersey Insane Asylum of Trenton has five hundred and nineteen inmates. One-sixth are paying patients, and five-sixths are supported by taxation. This tax is one dollar per week out of the State taxes, and three dollars per week out of the county taxes. The clothing furnished to the indigent is an extra charge on the county.

**Adulterated Honey.**

According to a short notice in the *Chemical and Druggist*, there are at present in Germany itinerant dealers in so-called Swiss land honey. This substance finds a large number of purchasers on account of its fine taste and beautiful appearance, while, instead of being real honey, it is simply starch converted into sugar by means of sulphuric acid. It may be detected by means of the presence of sulphuric acid therein—viz., in the shape of sulphate of lime or gypsum; its use, of course, is perfectly harmless, but it is not honey, nor does it contain any at all. As this trick is quite likely to be imported into this country, dealers had better be on their guard.

**Vulcanising Animal Substances.**

At a recent meeting of the Medical Society of London, Dr. RICHARDSON made a communication on the process of Vulcanising as applied to Animal Structures. It had long been a plan adopted by dentists to produce vulcanite bases by the subjection of caoutchouc to superheated steam. It occurred to him whether animal tissues, under the same conditions, undergo the same change—whether they would vulcanise. To test this, he had subjected various animal substances to the process, carrying the heat to 350° Fahr. It was found that blood could vulcanize; and a specimen, reduced to a condition closely resembling caoutchouc, was placed before the meeting. A portion of animal fibrine was reduced to a condition closely resembling thin serous membrane. An egg placed in plaster of Paris, was exposed to intense heat; in this state, the albumen, instead of being made solid by coagulation, had been changed into a thin fluid resembling dissolved gelatine.

**"Pure Liquors only Sold Here."**

The Board of Excise in New York have just completed a chemical analysis of the several kinds of liquors sold at various saloons in that city as "Bourbon" whisky, and the result is published for the benefit of whom it may concern, that of thirty-eight specimens subjected to test, only two were found pure.

The ingredients of which most of this "fine old whisky" is composed are as follows: Fusel oil, rancid lamp oil, green tea, prussic acid, winter green, and strychnia. The commodities sold as brandy and gin were found to be made up of compounds equally vile.

Some of the newspapers have been making these exposures of late, but as these were set down as sensational, they did not attract much attention. But the exposures of the Board of Excise are official, and will probably open the eyes of the public to the poisons that are pawned off on them.

**Micro-Photography.**

M. NOBERT, of Paris, has succeeded in drawing lines on microscopic test-plates so close together that they have not yet been resolved by the most powerful microscope. Upon his test-plate NOBERT puts 19 bands, of which the first have parallel lines drawn 1-1,000 of a Paris line apart, the next 1-1,500, the next 1-2,000, and so on till in the last they are 1-10,000 of a line apart; or, in English measure, the lines in the first band are 1-11,240 of an inch apart, and in the 19th are distant only 1-112,668 of an inch from each other. Neither NOBERT himself nor the best microscopists have succeeded in resolving any beyond the 15th band, in which the lines are 1-84,400 of an inch apart. The enlarged image of the microscope has been successfully photographed by Dr. E. CURTIS, of the U. S. Medical Department of Washington, and the lines counted. Photographs were made of the image of the higher bands; but only false or spectral lines were delineated. These spurious lines are due to oblique light and the strain of the glass. The ingenuity of NOBERT in ruling such fine lines, and the skill of Dr. CURTIS in photographing them, are each remarkable and unparalleled.

— Prof. GUSTAVE BRAUN, of Vienna, has been elected a member of the Imperial Academy of Medicine of Rio Janeiro.

— Senator Surgeon NÉLATON is said to have an annual income of 600,000 francs.

— **Dr. NOSTHAGEL**, of Berlin, has made a series of careful experiments on living animals, in order to discover what is the seat of epileptic spasms. He found that, while other parts of the brain of dogs or rabbits could be removed without producing convulsions, if the smallest portion of the *pons varolii* were cut, the most violent epileptic convulsions appeared at the very instant of the incision, and persisted until death. The *medulla oblongata* near it could be cut through and through, with no such effect.

— The following, cut from the "Answers to Correspondents" of the *New York Tribune*, will cover some of the shortcomings on some other subjects of that excellent paper:

"**E. S. J.**—We know nothing of the physician whose circular you send us; but it is safe to assume that any man who professes to be a regular doctor and sells secret medicines, beauty-washes, brooms, whisker-soap, patent coal-scuttles, and perfumery, is an unmitigated humbug."

— Two remarkable cases are reported to us as occurring in New Orleans. In one of them a German fell from a platform, injuring his skull. He survives, but with such a confusion of the faculty of speech that he now knows neither German nor English. Students of **PAUL BROCA'S** views should take note of him. Another is where a physician received a fee of a thousand dollars for—says the newspaper—cutting out a piece of tuberculous lung!! He deserved it.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

#### MARRIED.

**CARROLL—COCKRILL.**—At Charles Street Church, Baltimore, Dec. 1st, by the Rev. Dr. Slicer, Albert W. Carroll, of Mount Vernon, Baltimore co., Md., and Miss Mollie P. Cockrill, daughter of Dr. J. J. Cockrill, of Baltimore city.

**CRONMILLER—HEATH.**—Nov. 25th, at the residence of the bride's father, by the Rev. Dr. Young, Dr. John Cronmiller and Laura, daughter of S. P. Heath, Esq., all of Laurel, Prince George's co., Md.

**FULLER—STEWART.**—At Londonville, Ohio, Dec. 31st, in the M. E. Church, by Rev. Wm. Hughes, Dr. A. E. Fuller and Miss Mary E. Stewart.

**HUSSEY—JACKSON.**—Dec. 17th, at the house of B. F. Jackson, Esq., near Reading, Ohio, by Rev. J. H. Gill, Luthellus Hussey, M. D., and Miss Lizzie Jackson.

**LENOX—BRIGGS.**—Dec. 24th, at North Adams, Mass., by Rev. D. Henry Miller, D. D., assisted by Rev. Miles Sanford, Captain William H. Lenox and Miss Onelle V., daughter of Dr. Seth M. Briggs of North Adams.

**OWENS—COUNCILMAN.**—Dec. 25th, at the residence of the bride's father, Dr. Joseph R. Owens, of West River, Md., and Gertrude E., daughter of Dr. J. T. Councilman, of Baltimore co., Md.

**RAND—WASHINGTON.**—In this city, Dec. 23 by the Right Rev. Wm. Bacon Stevens, D. D., B. Howard Rand, M. D., and Mary Mildred, daughter of the late Reade Washington.

**RAUE—JUNGEBRICH.**—In this city, Dec. 30, 1868, by the Rev. Thomas P. Rodman, Dr. Charles G. Raue and Hermine M., daughter of John Jungerich, of Brackwede, Prussia.

**SEDGWICK—CHADSEY.**—Dec. 23d, 1868, in the McDougal Street Baptist Church, New York city, by the Rev. Wm. Reid, O. Leroy Sedgwick, of Brooklyn, and Mary A. Chadsey, third daughter of Dr. A. J. Chadsey, of New York.

**SHIPLEY—HARPER.**—Dec. 3, at the Central M. E. Church South, Baltimore, Md., by Rev. Wm. H. D. Harner, Dr. H. D. Shipley, of Carroll co., Md., and Helen J. D. Harper, of Talbot co., Md.

**THOMAS—ARCHER.**—Dec. 1st, at the residence of Mrs. Constable, sister of the bride, in Cecil co., Md., by the Rev. Mr. Squire, Oliver H. Thomas, of Belair, and Miss Nannie H. Archer, daughter of the late Dr. John Archer, of Rock Run, Harford co., Md.

**WATERS—GRAFFLIN.**—At Dayton, Ohio, at the residence of the bride's father, on the 28th of November, by Rev. Charles Ferguson, Dr. T. Sillers Waters, of Baltimore, and Miss Amanda P., eldest daughter of Stephen D. Grafflin, of Dayton, Ohio.

#### DIED.

**AYRES.**—Oct. 9th, at Navassa Island, W. I., Dr. Robert H. Ayres, of Baltimore, aged 59 years.

**BACON.**—At his residence in St. Mary's co., Md., 23d of November, 1868, James E. Bacon, M. D., formerly of Baltimore, aged 40 years.

**BADGER.**—At Hastings upon Hudson, N. Y., Dec. 29th, Julia Crosby, twin daughter of Dr. Wm. and Mary E. C. Badger, aged 5 months and 19 days.

**FIFIELD.**—In this city, Dec. 27th, Joseph Fifield, M. D., aged 74 years.

**GREEN.**—In New Orleans, suddenly, on the 25th of December, 1868, Jonas Green, M. D., in the 71st year of his age, late of Philadelphia and Washington, D. C.

**MCCRACKEN.**—Dec. 25th, 1868, at Vicksburg, Miss., Dr. W. A. McCracken. During the war he was surgeon of the 98th O. V. I., and afterward a Brigade-Surgeon. Since the war he has lived in Springfield, Ohio.

**PLUMER.**—In Knoxville, Jefferson co., Ohio, Aug. 17th, 1868, of cerebro-renal meningitis, Jacob Smickard, eldest son of Dr. T. R. and Mrs. T. L. Plumer, aged 7 years, 3 months, and 17 days.

**REESE.**—In Baltimore, Dec. 31st, Gideon D. Reese, son of the late Dr. John S. Reese, aged 35 years.

**THWAITT.**—Dec. 18th, at Petersburg, Va., Dr. J. J. Thwaitt.

**WAAGE.**—At Pennsburg, Montgomery co., Pa., Jan. 3d, 1869, Emma V., youngest daughter of Dr. Charles F. Waage, aged 12 years, 10 months, and 26 days.

#### OBITUARY.

Professor **AUGUST EDWARD FERDINAND COLBERG** died at Halle, on the 3d of July, 1868.

Prof. **NOW BREIT**, of Tübingen, died recently.

#### ANSWERS TO CORRESPONDENTS.

**Dr. N. J. A., of Mich.**—No translation of the French work on prostitution you refer to has yet appeared.

**Subscriber.**—Herodotus' History is usually deemed by scholars better than Xenophon's, though neither can properly be called Histories of Greece. There are editions and translations at all prices.

#### METEOROLOGY.

December,	21,	22,	23,	24,	25,	26,	27,
Wind.....	N. E.	W.	N. W.	N. W.	W.	N. W.	N. E.
Weather....	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.	Clear.	Cl'dy. -now.
Depth Rain.							
Thermometer.							
Minimum.....	25°	26°	19°	8°	3°	10°	16°
At 8, A. M.....	39	35	20	18	12	24	25
At 12, M.....	45	37	24	20	24	29	31
At 3, P. M.....	45	38	25	19	23	30	30
Mean.....	38.50	34.	22.	16.25	15.50	23.25	25.75
Barometer.							
At 12, M.....	29.7	30.	30.	29.8	29.9	30.3	30.1
Germantown, Pa.				B. J. LEEDON.			